

Administration of Medical Marijuana to Qualified Students
(Written Plan)
Administration by Primary Caregiver

To be completed by the student's parent or guardian

Name of qualified student _____

School _____ Grade _____

Name(s) of student's primary caregiver(s)

Primary caregiver's phone(s) _____

Permissible form of medical marijuana to be administered to the qualified student by the student's primary caregiver(s) _____

Administration method to be used by the student's primary caregiver(s) (to assist the school district in determining an appropriate location for administration of medical marijuana to the student) _____

Dosage amount _____

Proposed times to administer _____

By initialing the following paragraphs and signing below, the undersigned parent(s) or guardian(s) hereby acknowledges:

_____ I have read and agree to comply with the board's policy regarding the administration of medical marijuana to qualified students.

_____ I assume all responsibility for the provision, administration, maintenance, and use of medical marijuana to my child.

_____ I understand that as soon as I or my designated primary caregiver complete the medical marijuana administration, I or my designated primary caregiver must remove any remaining medical marijuana from the grounds of the school, district, school bus, or school-sponsored event.

_____ I understand that the district, in its sole discretion, will determine the location of a locked storage container to store the medical marijuana that does not significantly delay access to or the administration of the medical marijuana in a medical emergency.

_____ I understand that the district, with my input, will determine a designated location and any protocols regarding the administration of medical marijuana to my child and that this plan does not allow for the administration of medical marijuana on federal property or any location that prohibits marijuana on its property.

_____ I understand that permission to administer medical marijuana in accordance with this plan may be revoked for the failure to comply with the board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

By signing below, I hereby release the Monte Vista School District and its personnel from any legal claim which I now have or may hereafter have arising out of the administration of medical marijuana to my child.

Date _____

Signature of parent or guardian

Signature of parent or guardian

Signature of qualified student (if capable)

To be completed by the school

I have reviewed a copy of the student's registration from the state of Colorado authorizing the student to receive medical marijuana. The expiration date is _____.

After receiving input from the student's parent(s) or guardian(s), I have conditionally approved the student's identified primary caregiver(s) to administer the permissible form of medical marijuana identified above in the following designated location(s):

_____.

Such administration must occur in accordance with the following protocol(s):

Date _____

Name School Nurse or Designee

Signature of School Nurse or Designee

Form Approved by Board of Education 10/14/21.

Monte Vista School District No. C-8, Monte Vista, Colorado